



State of New Jersey

DEPARTMENT OF LABOR
DIVISION OF EMPLOYER ACCOUNTS
PO Box 913
TRENTON, NEW JERSEY 08625-0913

JAMES E. MCGREEVEY
Governor

ALBERT G. KROLL
Commissioner

CERTIFICATION OF TIMELY PAYMENT OF APPLICABLE FEDERAL & STATE PAYROLL TAXES BY AN EMPLOYEE LEASING COMPANY

NAME OF PEO: _____

TAXPAYER ID #: _____

I hereby certify that all applicable Federal and State Payroll Taxes including, but not limited to, Federal Withholding, FICA, State Withholding, Unemployment, Disability, Workforce and Supplemental Workforce Development Fund Contributions, have been paid in full and on time for _____ for the above named Employee Leasing Company.
(Qtr.) (Year)

(Name & Address of Accounting Firm)

(Signature)

(Telephone Number)

(Date)

FS-429



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DIVISION OF EMPLOYER ACCOUNTS – STATUS/EXPERIENCE RATING SECTION
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